DATE 4/29/06

DOC CODE COCX

ATION NUMBER 6899503
ATE 2000 4/24/08

DELIVER THE ATTACHED FILE/DOCUMENT TO THE TC SCANNING CENTER

CONTRACTOR: THE ATTACHED FILE/DOCUMENT MUST BE INDEXED AND SCANNED INTO IFW WITHIN 8 WORK HOURS; UPLOADING OF THE SCANNED IMAGES SHOULD OCCUR NO LATER THAN 16 WORK HOURS FOLLOWING RECEIPT OF THIS REQUEST

AFTER SCANNING, ORIGINAL DOCUMENTS SHOULD BE BOXED IN ACCORDANCE WITH INSTRUCTIONS

111 - 1 1 5	Paper No.:
DATE : 4/24/08	······
TO SPE OF : ART UNIT 3677	<u>.</u>
SUBJECT : Request for Certificate of Con	rection on Patent No.: <u>6899563</u>
A response is requested with respect to the	accompanying request for a certificate of correction.
Please complete this form and return wi	ith file, withIn 7 days to:
	rrection Branch – South Tower – 9A22
If response is for an IFW, return to emp MADRAS.	ployee (named below) via PUBSCofC Team in
With respect to the change(s) requested, contained as shown in the certificate of conshould the scope or meaning of the claims be changed.	orrecting Office and/or Applicant's errors, should the orrection (COCIN)? No new matter should be introduced, no hanged.
	/ Valerie Jackson
Thank You For Your Assistance	Certificates of Correction Branch Tel. No. 703-308-9390 ext. 114
The request for issuing the above ide	entified correction(s) is hereby
The request for issuing the above-ide Note your decision on the appropriate box. Approved	entified correction(s) is hereby: All changes apply.
Note your decision on the appropriate box.	
Note your decision on the appropriate box. Approved	All changes apply.
Note your decision on the appropriate box. Approved Approved in Part	All changes apply. Specify below which changes do not apply.
Note your decision on the appropriate box. Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.
Note your decision on the appropriate box. Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply.
Note your decision on the appropriate box. Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply. State the reasons for denial below.
Note your decision on the appropriate box. Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply. State the reasons for denial below.
Note your decision on the appropriate box. Approved Approved in Part Denied	All changes apply. Specify below which changes do not apply. State the reasons for denial below.

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